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APPLICANTS

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** CONTINUING DATA ***** *None, MC*

** FOREIGN APPLICATIONS ***** *None, Me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 07/01/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *M. Mohamed O. Hani* *MC*
 Examiner's Signature Initials

ADDRESS
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TITLE
 Diagnostic system for a data acquisition system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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☐ 1.18 Fees (Issue)

☐ Other _____

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